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JC929 U.S. PTO  
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EXPRESS MAIL CERTIFICATE

Date 4-28-01 Label No. EI 777632232US

I hereby certify that, on the date indicated above I deposited this paper or fee and every paper referred to therein with the U.S. Postal Service and that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

Richard T. Lyon

Name (Print)

Signature

PATENT APPLICATION  
Microsoft Docket No. 154634.2  
LH&D No. MCS-041-00

Hon. Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

SIR:

Enclosed please find an application for United States patent as identified below:

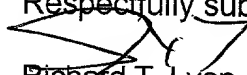
Inventor/s: JIANG LI, HEUNG-YEUNG SHUM, and GANG CHEN

Title: **A SYSTEM AND PROCESS FOR BROADCAST AND COMMUNICATION WITH VERY LOW BIT-RATE BI-LEVEL OR SKETCH VIDEO**

including the items indicated:

1. Specification and 59 claims: 6 indep.; 53 dep.; 0 multiple dep.  
(84 pages)
2. Formal Drawings: 18 sheets.
3. Patent Fee Computation Sheet (1 page) and Credit Card Payment Form (1 page)
4. Executed Declaration and Power of Attorney (3 pages)
5. Assignment Coversheet (3 pages) and Assignment Document (3 pages) and Credit Card Payment Form (1 page) ✓
6. Return receipt postcard

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Respectfully submitted  
  
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Reg. No. 37,385  
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09844549-042801

1. **General Information**  
 Name: [Redacted]  
 Address: [Redacted]  
 City: [Redacted] State: [Redacted] Zip: [Redacted]  
 Date: [Redacted]

2. **Subject**  
 Title: [Redacted]  
 Author: [Redacted]  
 Edition: [Redacted]  
 Publisher: [Redacted]  
 Year: [Redacted]

3. **Summary**  
 [Redacted text block]

4. **Analysis**  
 [Redacted text block]

5. **Conclusion**  
 [Redacted text block]

6. **References**  
 [Redacted list of references]

7. **Appendix**  
 [Redacted content]

8. **Index**  
 [Redacted index content]

9. **Notes**  
 [Redacted notes]

10. **Comments**  
 [Redacted comments]


	Claims	Number Extra	Fee
Basic Fee.....			\$ 710.00
Total Claims.....	59 - 20 =	39 x \$18	\$ 702.00
Independent Claims .....	6 - 3 =	3 x \$80	\$ 240.00
If Multiple Dependent Claims Are Present, Add 270.00 EA. ....			\$ 0.00
<b>TOTAL AMOUNT DUE.....</b>			<b>\$ 1,652.00</b>

**XX** A Credit Card Payment Form (PTO-2038) for payment in the amount of \$ 1,652.00 is attached.

— The Commissioner is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below. A duplicate copy of this sheet is enclosed.

- Charge the amount of \_\_\_\_\_ as a filing fee.
- Credit any overpayment.
- Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

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